

INSTRUCTIONS**PRINT IN BLACK INK OR TYPE**

Answer each item completely and accurately. Incomplete answers on this application may disqualify you or may cause delays. False answers may lead to rejection or dismissal (KRS 18A:032).

APPLICATION FOR EMPLOYMENT

Commonwealth of Kentucky

PERSONNEL CABINET

200 Fair Oaks Lane, 5th Floor, Suite 517
Frankfort, Kentucky 40601 (502) 564-8030
Deaf/Hard of Hearing TTY (502) 564-4306
AN EQUAL OPPORTUNITY EMPLOYER M/F/D
<http://personnel.ky.gov>

TITLE**POSITIONS DESIRED****ANNOUNCEMENT
NUMBER****CLOSING
DATE**

Social Security No. - - Home Phone No. _____ Today's Date _____
Work Phone No. _____ Salary Required _____

1. ☐ Mr. ☐ Ms. _____
Last Name First Name Middle Name Other Name (if any)

2. Address _____
Street, R.F.D. or Box No. City State Zip Code County

E-mail Address if available _____

3. Date of Birth _____ 4. Are you a U. S. citizen? Yes ☐ No ☐
Month Day Year Are you a legal permanent resident? Yes ☐ No ☐

5. Yes ☐ No ☐ Currently employed by KY State Government? Previous employee of State Government, list dates. _____

6. Yes ☐ No ☐ Do you have a valid driver's license if required by the position for which you are applying? License # _____

7. Yes ☐ No ☐ Do you have a valid commercial driver's license (CDL) license if required by the position for which you are applying?
If yes, what class? _____ What endorsement? _____

8. Yes ☐ No ☐ Has your driver's license or CDL been revoked or suspended? If yes, please indicate period of suspension and reason _____

9. Yes ☐ No ☐ Have you ever been convicted of violating any law (omit minor traffic violations)? If yes, list conviction(s), date(s), and place(s).
Conviction is not an automatic rejection. Specifics will be reviewed under KRS 335B.020. Applicants for mental health or mental
retardation facilities shall have a criminal records/background check per KRS 216.793.

10. Date available for work _____ Shift availability: Day ☐ Evening ☐ Night ☐ Rotating ☐

NOTE: Check rotating shift to be considered for job classes which rotate days and/or hours. See Personnel website for listing of classes.

11. Type of Work Full-Time ☐ Part-Time ☐ Interim ☐ Summer ☐ Interim/Summer apply directly to agency(ies) of interest.

12. List the specific counties where you desire to work. You may specify "statewide," only if willing to work in any of the 120 counties. If you fail to
interview, or decline a job offer, your name will be **removed** from the register for that job class for a period of three months. Listing of counties on this
application supercedes all listings previously submitted.

13. **EDUCATION/TRAINING:** Complete accurately and circle highest grade or year completed at all levels of school below. Provide **originals** of following,
if required: (1) GED certificate; (2) high school diploma/ transcript; (3) vocational/technical school transcript; or (4) college transcript with an official
seal & Registrar's signature. NOTE: Education must be verified 90 days after hire/promotion or appointment will be terminated.

Can you type? Yes ☐ No ☐ Words per minute: _____ Education completed: GED Yes ☐ No ☐ Year _____
Grade School Yes ☐ No ☐ Middle 6, 7, 8 High School 9, 10, 11, 12 College 1, 2, 3, 4 Graduate School 1, 2, 3, 4

School	Name and Address of School	Dates Attended		Date of Graduation	Number of Hours		Fields of Study		Degree, Diploma, or Certificate Earned
		From	To		Earned	Now Carrying	Major	Minor	
High School				mo/yr					Diploma: Yes <input type="checkbox"/> No <input type="checkbox"/>
Under Graduate College or University		mo/yr	mo/yr	mo/yr	**	**			Degree:
Graduate College or University		mo/yr	mo/yr	mo/yr	**	**			Degree:
Vocational, Business, Technical		mo/yr	mo/yr	mo/yr	***	***			Certificate:
Apprenticeship	Type:	mo/yr	mo/yr	Length of Program: 1 2 3 4 5	Journeyman: Yes <input type="checkbox"/> No <input type="checkbox"/>			Must provide certificate	

Please indicate if college hours are semester or quarter **OR ***indicate number of vocational/technical school clock hours.

NAME: _____ SSN: _____ DATE: _____

14. **EMPLOYMENT HISTORY:** Begin with your most recent job and provide as much detail as possible. Be sure to complete each blank in this section thoroughly and accurately as changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe **each** job in a separate block. When listing job duties, list those that took most of your time first. If your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for that job. **NOTE:** You must complete this application form as resumes are not considered official, but may be submitted if signed and dated.

May we contact your present employer? YES ☐ NO ☐ If no, explain _____

<p>A.</p> <p>Employed From To </p> <p>Title of Position _____ Gr. _____</p> <p>Average hours worked per week Starting Salary _____</p> <p>Reason for leaving _____ Last Salary _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name & title of your supervisor _____</p> <p>Phone: _____</p> <p style="text-align: center;">From To Number Mo. Yr. Mo. Yr. Supervised</p> <p>I was a supervisor </p>	<p>Job Duties:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>
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NAME: _____ SSN: _____ DATE: _____

<p>D.</p> <p>Employed From <table style="display: inline-table; border: 1px solid black; width: 60px; text-align: center;"><tr><td>Mo.</td><td>Day</td><td>Yr.</td></tr></table> To <table style="display: inline-table; border: 1px solid black; width: 60px; text-align: center;"><tr><td>Mo.</td><td>Day</td><td>Yr.</td></tr></table> Gr. _____</p> <p>Title of Position _____</p> <p>Average hours worked per week <table style="display: inline-table; border: 1px solid black; width: 40px; text-align: center;"><tr><td></td><td></td></tr></table> Starting Salary _____</p> <p>Reason for leaving _____ Last Salary _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name & title of your supervisor _____</p> <p>Phone: _____</p> <p style="text-align: center;">From To Number Supervised</p> <p style="text-align: center;">Mo. Yr. Mo. Yr.</p> <p style="text-align: center;"><table style="display: inline-table; border: 1px solid black; width: 40px; text-align: center;"><tr><td></td><td></td></tr></table> <table style="display: inline-table; border: 1px solid black; width: 40px; text-align: center;"><tr><td></td><td></td></tr></table> _____</p> <p>I was a supervisor</p>	Mo.	Day	Yr.	Mo.	Day	Yr.							<p>Job Duties:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>
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Mo.	Day	Yr.											
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NOTE: Additional employment history sheets available upon request.

- 15. LICENSES/CERTIFICATIONS OR LANGUAGE PROFICIENCY:** If a license/certificate is required for a position you must provide a copy or verification before approval for placement on a merit register. **Examples are Police Officer's Professional Standards (POPS) Certification for peace officers as outlined in 503 KAR 1:140 and KRS 15.382, a license to practice law, teacher certification, nurse license, etc.**
- a. I hold a current license or certification as indicated below and understand if placed on a register or hired, I must maintain a current license or certification or be subject to dismissal or removal from the merit register.

License or Certification Title & Number	Original Issue Date	Current Expiration Date	Name, Address & Phone of Licensing Agency

b. List additional languages you speak proficiently.			
c. List additional languages you read or write proficiently.			

16. **PROFESSIONAL ORGANIZATIONS:** Indicate current membership in professional organizations.

ORGANIZATION	TITLE	DATE MEMBERSHIP EXPIRES

17. **CHARACTER REFERENCES:** Other than relatives, former employers, or supervisors.

NAME	ADDRESS	PHONE NUMBER

18. Yes ☐ No ☐ Please indicate if you desire your application referred to other employers (such as Local Government, etc.) who list vacancies or request applications from State Government.

19. **TEST CENTERS:** Following is a list of test centers. Please check the box next to the center where you wish to take your Merit Test. Scheduling 14 days in advance is required for all centers except Frankfort. Regional Test Center schedules vary. You will be scheduled to take a Merit Test on the first possible date after receipt of your application. For more information, call (502) 564-7602.

- ☐ Ashland ☐ Crestview Hills ☐ Hazard ☐ Louisville ☐ Pikeville ☐ Frankfort Center open 7:30 a.m. Report for test by 1:30 p.m. in order to finish testing by the time test center closes at 3:45 p.m. NOTE: Test center closed holidays & Tuesdays of each week.
☐ Bowling Green ☐ Eddyville ☐ Hopkinsville ☐ Owensboro ☐ Somerset
☐ Elizabethtown

20. **DIRECTIONS FOR VETERAN'S PREFERENCE:** Honorably discharged Veterans (including honorably discharged, former and current members of KY Nat. Guard and U.S. Military Reserve) are eligible for 5 points Veteran's Preference. Disabled veterans, spouses of disabled veterans, unremarried spouses of deceased veterans, and parents of deceased or disabled veterans may be eligible for 10 points Veteran's Preference. If you obtain a passing merit score and wish to claim such preference, check the proper box below and submit the required documents with your application unless such proof was previously submitted. Upon receipt of proper documentation, the points will be added to your merit score.

<input type="checkbox"/> Former and Current Members of KY National Guard (18A.150) 1. Copy of Honorable Discharge papers (NGB 22) 2. Letter from Unit Administrator that reflects honorable status in KY National Guard.	<input type="checkbox"/> Disabled Veteran 1. Copy of Honorable Discharge or DD214 that reflects honorable discharge. 2. Current statement (dated within the last 90 days) from VA Benefit Rating Board showing that disability is service-connected	<input type="checkbox"/> Spouse of Disabled Veteran 1. Copy of Honorable Discharge or DD214 that reflects honorable discharge. 2. Current statement (dated within the last 90 days) from VA Benefit Rating Board showing that spouse's present disability is service-connected. 3. Notarized statement that veteran's disability disqualifies him for positions along the general lines of his usual occupation.	<input type="checkbox"/> Unremarried Spouse of Deceased Veteran 1. Copy of Honorable Discharge or DD214 that reflects honorable discharge. 2. Proof of spouse's death. 3. Notarized statement that spouse has not remarried.	<input type="checkbox"/> Parent of Deceased or Disabled Veteran 1. Copy of Honorable Discharge or DD214 that reflects honorable discharge. 2. Proof of veteran's death while on active duty or proof that veteran's permanent and total disability is service-connected. 3. Notarized statement that the parent was totally or partially dependent on the veteran.
<input type="checkbox"/> Veteran (including former honorably discharged US Military Reservists) 1. Copy of Honorable Discharge or DD214 that reflects honorable discharge.				

Type of Discharge: Honorable _____ Other (Specify) _____ Date of Discharge _____

COMPLETION OF SECTION 21 IS VOLUNTARY

21. Information in this block is for statistical purposes and will be forwarded to agencies for purposes of compliance with Equal Employment Opportunity requirements.

SEX ☐ Male ☐ Female

RACE ☐ 0. - White ☐ 2. - Hispanic ☐ 4. - American Indian or Alaskan Native
☐ 1. - Black ☐ 3. - Asian/Pacific Islander ☐ 5. - Other

22. If you need special testing accommodations, please call (502) 564-4306 (voice/TTY). Completion of P-5 form is required.

- IMPORTANT - THIS SECTION MUST BE COMPLETED -

23. **SIGNATURE** - Please read and sign the following statement: I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I will be dismissed and disqualified from future merit examinations. I hereby authorize the Personnel Cabinet and agencies to whom my name is certified/referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the Personnel Cabinet to receive and make available to other state agencies my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as a reference, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment. I also understand that state government is a drug free workplace and that substance abuse testing is required for certain classifications.

Date _____ Signature X _____

The Commonwealth of Kentucky does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, gender identity, ancestry or veteran status in the admission or access to, or participation or employment in, its programs or services. Reasonable accommodation will be provided upon request. Kentucky law prohibits political influence in employment in the classified service (KRS 18A.140). Information concerning the provisions of the Americans with Disabilities Act is available from the Personnel Cabinet.

NAME: _____ SSN: _____ DATE: _____

(CONTINUATION OF EMPLOYMENT HISTORY)

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<p>J.</p> <p>Employed From To Gr. </p> <p>Title of Position </p> <p style="text-align: right;">Starting Salary </p> <p>Average hours worked per week Last Salary </p> <p>Reason for leaving </p> <p>Name of Employer </p> <p>Address </p> <p>Type of Business </p> <p>Name & title of your supervisor </p> <p style="text-align: right;">Phone: </p> <p style="text-align: center;">From To Number</p> <p style="text-align: center;">Mo. Yr. Mo. Yr. Supervised</p> <p style="text-align: center;"> </p> <p style="color: red;">I was a supervisor</p>	<p>Job Duties:</p> <p>1. </p> <p>2. </p> <p>3. </p> <p>4. </p> <p>5. </p> <p>6. </p> <p>7. </p> <p>8. </p>
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